



GREASE TRAP INSPECTION REPORT

General Information

Date of Inspection: _____

Location ID: _____

Business Name: _____ Phone #: _____

Address: _____

_____ Zip code: _____

Contact Person and Title: _____

Is a copy of the grease removal program available for review? ☐ Yes ☐ No

Are records being kept on site for inspection purposes? ☐ Yes ☐ No

Type and Number of trap(s)? ☐ Interior ☐ Exterior Size of trap(s): _____

How often is grease trap cleaned? ☐ Weekly ☐ Monthly ☐ 6 Weeks ☐ 8 Weeks ☐ Quarterly ☐ _____

Restaurants ***IMPORTANT: All records and paperwork MUST be kept on site for inspection purposes!!***

What is the seating capacity of dining/bar area? _____

What are the days and hours of operation? _____

Dishwasher present? ☐ Yes ☐ No

Hospitals, nursing homes or other types of commercial food preparation facilities

Number of meals served per day? _____

Dishwasher present? ☐ Yes ☐ No

Comments:

Signatures → Contact: _____

Inspector: _____

Please mail or fax completed manifests to:

Environmental Compliance
627-B N. Marietta Pkwy.
Marietta, GA 30060
Phone: 770-794-5229
FAX: 770-794-5225

WHITE - INSPECTOR COPY

YELLOW - CUSTOMER COPY